

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIETITIANS AFFILIATED CREDENTIALING BOARD

REQUEST FOR VERIFICATION OF REGISTRATION

APPLICANT: Complete this section and submit to the Commission on Dietetic Registration at: Commission on Dietetic Registration, 120 S. Riverside Plaza, Ste. 2000, Chicago, IL 60606-6995. Form must be returned directly from the Commission on Dietetic Registration to the Department at the above address.

Last Name

First Name

MI

Former / Maiden Name(s)

Address: (number, street, city, zip code)

Name on Registration Examination Records: (if different from above)

Academy of Nutrition and Dietetics (AND) Registration Number:

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I hereby authorize the Commission on Dietetic Registration to provide the Department with the information requested below.

Applicant Signature

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Date

COMMISSION ON DIETETIC REGISTRATION: The State of Wisconsin requests a Verification of Registration concerning the above individual. Please return the response directly to DSPS: You may fax/email with facility cover sheet/letter to: (608) 261-7083 or dspscredmedbaffiliates@wisconsin.gov.